04/02/2007 19:31

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Political Action Committee of the American Association of Orthopaedic Surgeons 317 Massachusetts Avenue, NE ADDRESS (number and street) 1st Floor Check if different than previously Washington DC 20002 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS **AMENDED** NEW C00343137 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 28 2006 12 3 1 2006 1 1 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. William J. Robb, III, MD Type or Print Name of Treasurer Electronically Filed by William J. Robb, III, MD 04 02 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name Political Action Committee of the American Association of Orthopaedic Surgeons D D D 12 28 2006 3 1 2006 1.1 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand [°]2006 652130.44 January 1 (b) Cash on Hand at 292916.10 Begining of Reporting Period 107669.16 1097727.66 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 400585.26 1749858.10 6(a) and 6(c) for Column B) 8594.99 1357867.83 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 391990.27 391990.27 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

(subtract Line 18(c) from Line 19)

Political Action Committee of the American Association of Orthopaedic Surgeons

2^D8 м N 1 1 м м 1 2 3^D1 2006 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 69200.00 973235.00 (i) Itemized (use Schedule A) 3535.00 68615.00 (ii) Unitemized (iii) TOTAL (add 72735.00 1041850.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 72735.00 1041850.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 34934.16 49877.66 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 6000.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 107669.16 1097727.66 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 107669.16 1097727.66

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	1094.99	16038.49
	(c) Total Operating Expenditures		
_	(add 21(a)(i), (a)(ii) and (b))	1094.99	16038.49
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
23.	Contributions to		
	Federal Candidates/Committees and Other Political Committees	7500.00	739155.00
4.	Independent Expenditure (use Schedule E)	0.00	600000.00
5.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	1750.00
	Than Political Committees		1700.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	1750.00
9.	Other Disbursements	0.00	924.34
RO.	Federal Election Activity (2 U.S.C 431(20))		
٠.	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	8594.99	1357867.83
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	0504.00	1057007.00
	from Line 31)	8594.99	1357867.83

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	72735.00	1041850.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	1750.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	72735.00	1040100.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1094.99	16038.49
37.	Offsets to Operating Expenditures (from Line 15, page 3)	34934.16	49877.66
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	-33839.17	-33839.17

SO	CHEDULE A (FEC Form 3X)		Harana and a shadala (a)	FOR LINE NUMBER: PAGE 6 / 50
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the America	an Associa	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Mark W Woolf, , MD			Date of Receipt
	Mailing Address Arlington Orthopedic Ass 800 Orthopedic Way	ociates		11 30 7 2006
	City	State	Zip Code	Transaction ID: 25068607
	Arlington	TX	76015-1629	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Arlington Orthopaedic Ass-	Occupation		
	ociates Receipt For:		dic Surgeon Year-to-Date ▼	_
	Primary General	Aggregate	Teal-10-Date ▼	
	Other (specify) ▼	0 0	1350.00	
3.	Full Name (Last, First, Middle Initial) Dr. David F Dalury, , MD			Date of Receipt
•	Mailing Address 8322 Bellona Ave Ste 100	0		M M / D D / Y Y Y Y
		01-1-	7in Oada	11 30 2006
	City Baltimore	State MD	Zip Code	Transaction ID: 25068608
		IVID	21204-2012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Orthopaedic Associates	Occupation		
		•	dic Surgeon	4
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		1500.00	
) .	Full Name (Last, First, Middle Initial) Dr. Theodore Lee Stringer, , MD			Date of Receipt
•	Mailing Address 3207 N Academy Blvd St	e 103		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25068609
	Colorado Springs	CO	80917-5117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Colo Springs Ortho Group	Occupation Orthopae	dic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) ▼		300.00	
_				2500.00
S	JBTOTAL of Receipts This Page (optional)		<u> </u>	200.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 7/50 (check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Robert Michael Michael Meneghini, , MD			Date of Receipt
	Mailing Address 8402 Harcourt Rd Ste 12	28		11 30 7 4 4 4
	City	State	Zip Code	Transaction ID: 25068610
	Indianapolis	IN	46260-2094	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Joint Replacement Surgeons of Indiana	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) Dr. George F Muschler, , MD			Date of Receipt
	Mailing Address Cleveland Clinic Foundate 9500 Euclid Ave Desk A-	11 30 7 2006		
	City	State	Zip Code	Transaction ID: 25068611
	Cleveland	OH	44195-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer The Cleveland Clinic Foun-	Occupation Orthopae	n edic Surgeon	
	dation Receipt For:	•	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Richard C Martin, , MD			Date of Receipt
	Mailing Address 5620 E Bell Rd			11 30 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25068613
	Scottsdale	AZ	85254-5950	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Bone & Joint Specialist	Occupation Orthopae	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	7
	Primary General Other (specify) ▼	0 0	1000.00	
SI	UBTOTAL of Receipts This Page (optional)			1500.00
т	OTAL This Period (last page this line number on	ly))	

S(CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 50			
	EMIZED RECEIPTS		or each category of the	(check only one)			
• •			Detailed Summary Page	X 11a 11b 11c 12 15 16 17			
۸n	y information copied from such Reports and Stater	monte may	y not be cold or used by any perso				
or	for commercial purposes, other than using the nam	ne and add	dress of any political committee to	solicit contributions from such committee.			
$\overline{\ }$	NAME OF COMMITTEE (In Full)						
\rangle	Political Action Committee of the America	n Associ	ation of Orthopaedic Surgeo	ns			
_	Full Name (Last, First, Middle Initial)						
١.	Dr. Gilbert A Noirot, , MD			Date of Receipt			
	Mailing Address 110 Wood St			M M / D D / Y Y Y Y			
	City	State	Zip Code	11 30 2006			
	Charlevoix	MI	49720-1627	Transaction ID: 25068614 Amount of Each Receipt this Period			
	FEC ID number of contributing		40720 1027				
	federal political committee.	C		250.00			
	Self Employed	Occupation		7			
			edic Surgeon				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				
	Other (specify)		250.00				
		0 0		'			
3.	Full Name (Last, First, Middle Initial) Dr. Richard L Levitt, , MD			Date of Receipt			
	Mailing Address 1150 Campo Sano Ave St	e 301		M M / D D / Y Y Y Y			
				11 30 2006			
	City	State	Zip Code	Transaction ID: 25068615			
	Coral Gables	FL	33146-1174	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
		2 .:					
	Self Employed	Occupation Orthopae	n edic Surgeon				
		•	Year-to-Date ▼				
	Primary General	1 1					
	Other (specify) ▼		250.00				
	Full Name (Last First Middle Initial)			-			
Э.	Full Name (Last, First, Middle Initial) Dr. Robert E Van Demark, Jr, MD			Date of Receipt			
	Mailing Address Van Demark Orthopaedic	Specialis	ets	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	1210 W 18th Ste G01 City	State	Zip Code	11 30 2006			
	Sioux Falls	SD	57104-4651	Transaction ID: 25068616 Amount of Each Receipt this Period			
	FEC ID number of contributing		3				
	federal political committee.	C		250.00			
	Name of Employer Self Employed	Occupation	1	┨			
	Self Employed 5		edic Surgeon				
		Aggregate	Year-to-Date ▼				
	Primary General		450.00				
	Other (specify) ▼	0 0	100.00				
SI	UBTOTAL of Receipts This Page (optional)		······	750.00			
T	TAI This Period (last nage this line number only)	1	•				

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 9 / 50
			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		name and add	iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ns
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Dr. James M Donley, , MD			Date of Receipt
	Mailing Address 5002 Lago Dr			1 1 3 0 2 0 0 6
	City	State	Zip Code	Transaction ID: 25068617
	Madisonville	KY	42431-9435	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation	1	-
	Seir Employed	Orthopae	edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1	500.00	1
	Other (specify)	0 0	300.00	
_	Full Name (Last, First, Middle Initial)			
В.	Dr. William H Harris, , MD			Date of Receipt
	Mailing Address MGH-HOBBL 55 Fruit St Jackson 112	16		11 30 2006
	City	State	Zip Code	Transaction ID: 25068619
	Boston	MA	02114-2621	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		500.00
	Name of Employer	Occupation	1	-
	Self Employed		edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		500.00	
	Full Name (Last, First, Middle Initial)			
C.	Dr. John S Kirchner, , MD			Date of Receipt
	Mailing Address 979 Cobble Creek Dr			11 30 2006
	City	State	Zip Code	Transaction ID: 25068620
	Hoover	AL	35226-2867	Amount of Each Receipt this Period
	FEC ID number of contributing	С		750.00
	federal political committee.	C		700.00
	Name of Employer Orthopaedic Specialists	Occupation		
			edic Surgeon	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)		750.00	
	Carlot (opcost)) 🔻	-	0 0 0 0 0 0 0	1
	I			
0	UBTOTAL of Receipts This Page (optional)			1750.00
\vdash	COLORE OF TOOOIPES THIS Lage (optional)			

SCHEDULE A (FEC Form 3X)			11	FOR LINE NUMBER: PAGE 10 / 50
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
II EIWIZED NECEIP 13			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions
<u></u>	NAME OF COMMITTEE (In Full)		and the state of t	
$ \rangle$	Political Action Committee of the Ameri	can Associ	ation of Orthonaedic Surgeo	ne
	Tollical Action Committee of the Amen	can Associ	ation of Orthopaedic Surgeo	113
_	Full Name (Last, First, Middle Initial)			
A.	Dr. James R Kasser, , MD			Date of Receipt
	Mailing Address Children's Hospital 300 Longwood Ave			1 1 3 0 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25068621
	Boston	MA	02115-5737	Amount of Each Receipt this Period
			02110 0707	
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	<u> </u>	4
	Name of Employer Children's Hospital		edic Surgeon	
	Receipt For:	 	Year-to-Date ▼	-
	Primary General	00 0		1
	Other (specify) ▼		500.00	
_				
В.	Full Name (Last, First, Middle Initial)			Data of Descipt
Ь.	Dr. Robert H Horne, , MD Mailing Address 9844 S 1300 E Ste 300			Date of Receipt
	Walling Address 9044 S 1300 E Ste 300			11 30 2006
	City	State	Zip Code	Transaction ID: 25068622
	Sandy	UT	84094-4693	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		300.00
	Name of Employer	Occupation	<u> </u>	-
	Self Employed		edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	500.00	
	Other (specify)		500.00	
_	Full Name (Last First Middle Initial)			
C.	Full Name (Last, First, Middle Initial) Dr. Leo Bohdan Semkiw, , MD			Date of Receipt
	Mailing Address 2430 Samaritan Dr			M M / D D / Y Y Y Y
				11 30 2006
	City	State	Zip Code	Transaction ID: 25068623
	San Jose	CA	95124-3996	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	rederal political committee.			
	Name of Employer Self Employed	Occupation		
		· · · · · · · · · · · · · · · · · · ·	dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	. [
	Primary General Other (specify)	' '	250.00	
	□ Strict (Specify) ♥			
	l			
s	UBTOTAL of Receipts This Page (optional)			1250.00
\vdash	ago (optional)			

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 11 / 50 (check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Eugene C Lou, , MD			Date of Receipt
	Mailing Address 9222 Hilldale St			11 30 7 2006
	City Houston	State TX	Zip Code 77055-7406	Transaction ID: 25068624 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Fondren Orthopaedics		edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Dr. G Vincent Dalton, , MD			Date of Receipt
	Mailing Address 5899 Bremo Rd Ste A			1 1 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25068625
	Richmond	VA	23226-1935	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer West End Orthopaedic Clin- ic	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Lex A Simpson, , MD			Date of Receipt
	Mailing Address Core Orthopaedic Med C 332 Santa Fe Dr Ste110	Ctr		11 30 7 2006
	City	State	Zip Code	Transaction ID: 25068626
	Encinitas	CA	92024-5143	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Core Orthopaedics	Occupation		
	Receipt For:		edic Surgeon • Year-to-Date ▼	\dashv
	Primary General	, iggi cgale		1
	Other (specify)	0 0	300.00	
s	UBTOTAL of Receipts This Page (optional)			1550.00

C				FOR LINE NUMBER: PAGE 12/50
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	ny information copied from such Reports and St	atomonts may	, not be sold or used by any pers	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	Political Action Committee of the Amer	ican Accoci	ation of Orthonaedic Surger	one
	Tollical Action Committee of the Amer	ican Associ	ation of Orthopaedic Surget	JIIS
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Dr. Donald I Saltzman, , MD			Date of Receipt
	Mailing Address 10 Crossroads Dr Ste 2	210		M M / D D / Y Y Y Y
		_		11 30 2006
	City	State	Zip Code	Transaction ID: 25068627
	Owings Mills	MD	21117-5461	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
	Name of Employer Advanced Med for Ortho Su-	Occupation		
	rg & Sports M		edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		300.00	
_	Full Name (Last, First, Middle Initial)			Date of Baselat
В.				Date of Receipt
	Mailing Address 6 Sunflower Ridge Rd			11 30 2006
	City	State	Zip Code	
	•	NY	•	Transaction ID: 25068629
	South Setauket	INT	11720-3700	Amount of Each Receipt this Period
	FEC ID number of contributing	C		500.00
	federal political committee.			
	Name of Employer	Occupation	n	\neg
	Self Employed		edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General			7
	Other (specify) ▼	1	500.00	
				-
	Full Name (Last, First, Middle Initial)			
C.	Dr. Patrick R Hayes, , MD			Date of Receipt
	Mailing Address OrthoCarolina			M M / D D / Y Y Y Y
	101 Delta Park Dr			11 30 2006
	City	State	Zip Code	Transaction ID: 25068630
	Shelby	NC	28150-3575	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			000.00
	Name of Employer	Occupation	n	\dashv
	OrthoCarolina		edic Surgeon	
	Receipt For:		e Year-to-Date ▼	\dashv
	Primary General	, iggi cgale	Jai 10 Dato ¥	7
	Other (specify)		500.00	
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IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) Political Action Committee of the American	can Associ	ation of Orthopaedic Surgeo	ns
A.	Full Name (Last, First, Middle Initial) Dr. Tyler D Goldberg, , MD			Date of Receipt
	Mailing Address 2413 Never Bend Cv			11 30 7 2006
	City	State TX	Zip Code	Transaction ID: 25068635
	Austin FEC ID number of contributing federal political committee.	C	78746-1837	Amount of Each Receipt this Period 1000.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Dr. David R Lionberger, , MD			Date of Receipt
	Mailing Address 6560 Fannin Ste 1016			11 30 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25068636
	Houston FEC ID number of contributing federal political committee.	C	77030-2725	Amount of Each Receipt this Period 1000.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	· · · · · · · · · · · · · · · · · · ·	n edic Surgeon e Year-to-Date ▼	
_	Full Name (Last, First, Middle Initial)			
C.	Dr. David Buchalter, , MD Mailing Address 5828 NW 26th Ct			Date of Receipt
	City Boca Raton	State FL	Zip Code 33496-2228	1 1 3 0 2 0 0 6 Transaction ID: 25068637 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer South Palm Orthopaedics	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			2500.00

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 50 (check only one) X
Ar or	ly information copied from such Reports and Statel for commercial purposes, other than using the nan	ments may ne and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the America	n Associ	ation of Orthopaedic Surgeo	ns
Α.	Professional Orthopaedic Associates, L	State PA C C C C C C C C C C C C C C C C C C	dic Surgeon Year-to-Date ▼	Date of Receipt M M M / 30 / 2006 Transaction ID: 25068639 Amount of Each Receipt this Period 1000.00
3.	Other (specify) Full Name (Last, First, Middle Initial) Dr. James J Elting, , MD	0 0	1000.00	Date of Receipt
	Operata Spéciálty Sorvices	State NY C Occupation	Zip Code 13820-2200	Transaction ID: 25068640 Amount of Each Receipt this Period 250.00
		•	Year-to-Date ▼ 250.00	
Э.	Full Name (Last, First, Middle Initial) Dr. Louis Nunez, , MD Mailing Address 1032 Main St City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	Fishkill FEC ID number of contributing federal political committee.	NY C	12524-1752	Amount of Each Receipt this Period 250.00
	Self Employed		n edic Surgeon Year-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional)			1500.00
T	OTAL This Period (last page this line number only)		

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		FOR LINE NUMBER: PAGE 15 / 50 (check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
/	Political Action Committee of the Americ	an Associa	ation of Orthopaedic Surged	ns
A.	Full Name (Last, First, Middle Initial) Dr. Robert Shalvoy, , MD			Date of Receipt
	Mailing Address New England Ctr for Athl 1287 N Main St	letes		11 30 2006
	City	State	Zip Code	Transaction ID: 25068642
	Providence	RI	02904-1856	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer New England Ctr for Athle- tes	Occupation Orthopae	dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
В.	Full Name (Last, First, Middle Initial) Dr. James A Rydlewicz, , MD			Date of Receipt
	Mailing Address 5233 W Morgan Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25068645
	Milwaukee	WI	53220-1599	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		750.00
	Name of Employer Milwaukee Clinic of Ortho- pedic Surgery	Occupation Orthopae	dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		750.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Lance Sisco, , MD			Date of Receipt
	Mailing Address 1088 Mountain Valley Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25068646
	Asheboro	NC	27205-0548	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Brandon Orthopaedic Assoc- iates	Occupation Orthopae	dic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			2250.00

SCHEDULE A (FEC Form 3)	()	Use separate schedule(s)	FOR LINE NUMBER: PAGE 16/50
ITEMIZED RECEIPTS	-	or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
Political Action Committee of the A	merican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) A. Dr. Richard P Mackessy, , MD			Date of Receipt
Mailing Address 17 Hickory Rd			11 30 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 25068647
Short Hills	NJ	07078-1289	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Union Cty Ortho Group	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) 3. Dr. James W Strickland, , MD			Date of Receipt
Mailing Address Carmel Amb Surg a 13421 Old Meridian			11 30 / Y Y Y Y Y
City	State	Zip Code	Transaction ID: 25068648
Carmel	IN	46032-1411	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Carmel Amb Surg and Endos-	Occupation		
copy Receipt For:		edic Surgeon e Year-to-Date ▼	_
Primary General	Aggregate		1
Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Dr. Patrick M Sullivan, , MD	•		Date of Receipt
Mailing Address 6001 Westown Pkv	-		11 30 7 2006
City	State	Zip Code	Transaction ID: 25070028
West Des Moines	<u>IA</u>	50266-7702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer DMOS	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	0 0	2000.00]
SUBTOTAL of Receipts This Page (optional	al)		2000.00
TOTAL This Period (last page this line num	ber only))	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 50
ITEMIZED RECEIPTS			or each category of the	(check only one)
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
•				13 14 15 16 17
or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and ado	r not be sold or used by any perso Iress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
A.	Full Name (Last, First, Middle Initial) Dr. Paul M Apyan, , MD			Date of Receipt
	Mailing Address 979 E 3rd St Ste C220			11 30 4 2006
	City	State	Zip Code	Transaction ID: 25070029
	Chattanooga	TN	37403-3314	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Self Employed	Occupation Orthopae	n dic Surgeon	
	Receipt For:	•	Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify)		1000.00	
В.	Full Name (Last, First, Middle Initial) Dr. Wagdy S Rizk, , MD			Date of Receipt
	Mailing Address 7955 Doral Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25070030
	Beaumont	TX	77707-5446	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Beaumont Bone & Joint Ins-	Occupation		
	titute	•	dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ♥		500.00	
	Cutor (specify)	0 0		
<u> </u>	Full Name (Last, First, Middle Initial) Dr. David P Heiser, , MD			Date of Receipt
	Mailing Address Nebraska Ortho & Sports 575 S 70th Ste 200	Med		1 1 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25070031
	Lincoln	NE	68510-2471	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupation Orthopae	n dic Surgeon	
			Year-to-Date ▼	7
	Primary General			1
	Other (specify)	0 0	500.00	
s	UBTOTAL of Receipts This Page (optional)			2000.00
_	OTAL This Period (last page this line number on	lv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 50 (check only one) X 11a 11b 11c 12 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Political Action Committee of the America	an Associa	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. John H Bargren, , MD			Date of Receipt
	Mailing Address 1112 6th Ave Ste 300			1 1 3 0 / Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25070032
	Tacoma FEC ID number of contributing federal political committee.	C	98405-4048	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed Receipt For:		dic Surgeon Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate	1500.00	
3.	Full Name (Last, First, Middle Initial) Dr. Phillip R Bacilla, Jr, MD Mailing Address 6424 Taylor Oaks			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25070033
	Alexandria FEC ID number of contributing federal political committee.	C	71301-2772	Amount of Each Receipt this Period 250.00
	Name of Employer Mid-State Orthopaedics		dic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
).	Full Name (Last, First, Middle Initial) Dr. Jeffrey C King, , MD			Date of Receipt
	Mailing Address 7665 Finnagen Dr			11 30 7 2006
	City	State MI	Zip Code 49071-9541	Transaction ID: 25070034
	Mattawan FEC ID number of contributing federal political committee.	C	49071-9341	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Orthopae	dic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 19 / 50
•			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ns
Δ	Full Name (Last, First, Middle Initial) Dr. Alan L Whitney, , MD			Date of Receipt
۸.	Mailing Address 2699 N 17th St			M M / D D / Y Y Y Y
				11 30 2006
	City	State	Zip Code	Transaction ID: 25070035
	Coos Bay	OR	97420-2194	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer South Coast Orthopedic As-	Occupation	1	7
	South Coast Orthopedic As-	Orthopae	edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0		
В.	Full Name (Last, First, Middle Initial) Dr. Russell E Windsor, , MD			Date of Receipt
Ь.	Mailing Address Hosp for Special Surger	N/		M M / D D / Y Y Y Y
	535 E 70th St	у		11 30 2006
	City	State	Zip Code	Transaction ID: 25070036
	New York	NY	10021-4892	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupation	1	7
	Hospital for Special Surg- ery	Orthopae	edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		3000.00	1
	Other (specify)	0 0	3000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. George T Hayes, Jr, MD			Date of Receipt
J.	Mailing Address 706 Jay St			M M / D D / Y Y Y Y
				11 30 2006
	City	State	Zip Code	Transaction ID: 25070037
	Colusa	CA	95932-2321	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For:		Year-to-Date V	-
	Primary General	99. 09410		1
	Other (specify)	1	250.00	
	<u> </u>			4
	<u> </u>			
s	UBTOTAL of Receipts This Page (optional)			1500.00
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S	CHEDULE A (FEC Form 3X)		Llas seperate sebedulo(s)	FOR LINE NUMBER: PAGE 20 / 50
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
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or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Amer	ons		
A.				Date of Receipt
	Mailing Address 40 Advanced Orthoped 2781 C T Switzer Sr Dr			12 12 2006
	City State		Zip Code	Transaction ID: 25154072
	Biloxi	MS	39531-4535	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Advanced Orthopedic Assoc-	Occupation	n edic Surgeon	
	iates Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Michael Hugh McGuire, , MD			Date of Receipt
	Mailing Address Creighton Univ Med Ctr 601 N 30th St Ste 2300			12 12 2006
	City	State	Zip Code	Transaction ID: 25154074
	Omaha	NE	68131-2137	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1	500.00
	federal political committee.	C		300.00
	federal political committee. Name of Employer	Occupation		300.00
	federal political committee. Name of Employer Self Employed	Occupation Orthopae	edic Surgeon	300.00
	federal political committee. Name of Employer Self Employed Receipt For:	Occupation Orthopae		300.00
	federal political committee. Name of Employer Self Employed	Occupation Orthopae	edic Surgeon	300.00
	Federal political committee. Name of Employer Self Employed Receipt For: Primary General	Occupation Orthopae	edic Surgeon Year-to-Date ▼	Date of Receipt
	federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. John F Tompkins, II, MD Mailing Address Univ of OK Health Scie	Occupation Orthopae Aggregate	edic Surgeon Year-to-Date ▼	
 c.	federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. John F Tompkins, II, MD	Occupation Orthopae Aggregate	edic Surgeon Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. John F Tompkins, II, MD Mailing Address Univ of OK Health Scie Dept of Ortho Surg Ste	Occupation Orthopae Aggregate nces Ctr WP1380	edic Surgeon e Year-to-Date ▼ 500.00	Date of Receipt
C.	federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. John F Tompkins, II, MD Mailing Address Univ of OK Health Scie Dept of Ortho Surg Ste City	Occupation Orthopae Aggregate nces Ctr WP1380 State	edic Surgeon Year-to-Date ▼ 500.00 Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
c.	federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. John F Tompkins, II, MD Mailing Address Univ of OK Health Scie Dept of Ortho Surg Ste City Oklahoma City FEC ID number of contributing	Occupation Orthopae Aggregate Aggregate Occupation Occupation	edic Surgeon Year-to-Date ▼ 500.00 Zip Code 73104	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 C.	federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. John F Tompkins, II, MD Mailing Address Univ of OK Health Scie Dept of Ortho Surg Ste City Oklahoma City FEC ID number of contributing federal political committee.	Occupation Orthopae Aggregate Aggregate Coccupation Occupation Orthopae	zip Code 73104	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. John F Tompkins, II, MD Mailing Address Univ of OK Health Scie Dept of Ortho Surg Ste City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer Univ of Oklahoma Receipt For: Primary General	Occupation Orthopae Aggregate Aggregate Coccupation Occupation Orthopae	Zip Code 73104 Zip Code 73104 A redic Surgeon	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. John F Tompkins, II, MD Mailing Address Univ of OK Health Scie Dept of Ortho Surg Ste City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer Univ of Oklahoma Receipt For:	Occupation Orthopae Aggregate Aggregate Coccupation Occupation Orthopae	Zip Code 73104 Zip Surgeon	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. John F Tompkins, II, MD Mailing Address Univ of OK Health Scie Dept of Ortho Surg Ste City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer Univ of Oklahoma Receipt For: Primary General	Occupation Orthopae Aggregate Cocupation OK C Occupation Orthopae Aggregate	Zip Code 73104 Zip Code 73104 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. David A Wolff, , MD			Date of Receipt
	Mailing Address Dean Clinic 1313 Fish Hatchery Rd			12 12 2006
	City	State	Zip Code	Transaction ID: 25154076
	Madison	WI	53715-1991	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00]
В.	Full Name (Last, First, Middle Initial) Dr. Angelo J Lopano, , MD			Date of Receipt
	Mailing Address 279 3rd Ave Ste 504			12 12 2006
	City	State	Zip Code	Transaction ID: 25154078
	Long Branch	NJ	07740-6207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00]
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Philip H Wessinger, , MD			Date of Receipt
	Mailing Address 727 SE Main St Ste 220 Steadman Hawkins Clinic			12 13 2006
	City	State	Zip Code	Transaction ID: 25154081
	Simpsonville	SC	29681-3248	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Steadman Hawkins Clinic		edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00]
s	UBTOTAL of Receipts This Page (optional)			2000.00
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SCHEDULE A (FEC Form 3	X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 22/50
ITEMIZED RECEIPTS	•	or each category of the	(check only one)
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Any information copied from such Reports a or for commercial purposes, other than usin	nd Statements may	In the sold or used by any person of the sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	9	, p	
Political Action Committee of the	American Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Victoria McClellan Silas, , MD			Date of Receipt
Mailing Address 311 'L' St West Wing			12 / 13 / 2006
City Tacoma	State WA	Zip Code 98405-3720	Transaction ID: 25154082
		96405-3720	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Children's Hospital	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Susan A Scherl, , MD			Date of Receipt
Mailing Address 10506 Burt Circle			12 13 7 2006
City	State	Zip Code	Transaction ID: 25154084
<u>Omaha</u>	NE NE	68114-2094	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Univ of Nebraska	Occupation		
Receipt For:		edic Surgeon e Year-to-Date ▼	_
Primary General	Aggregate		1
Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr. William E Hooper, , MD	•		Date of Receipt
Mailing Address 101Knotbreak Rd			12 / 13 / 2006
City	State	Zip Code	Transaction ID: 25154085
Salem	VA	24153-5404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Roanoke Orthopaedic Center	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
SUBTOTAL of Receipts This Page (option	al)		1500.00
		·	
TOTAL This Period (last page this line nur	nber only)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 23 / 50
•			Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		ame and add	aress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	Political Action Committee of the America	can Associ	ation of Orthopaedic Surgeo	ns
A.	Full Name (Last, First, Middle Initial) Dr. Gregory Martin Alberton, , MD			Date of Receipt
	Mailing Address 1413 Ranch Rd			12 13 YYYY 2006
	City	State	Zip Code	Transaction ID: 25154087
	Encinitas	CA	92024-6211	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation		7
		<u> </u>	edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)	0 0		
В.	Full Name (Last, First, Middle Initial) Dr. Gunnar B J Andersson, , MD			Date of Receipt
	Mailing Address Rush University Med Cti			M M / D D / Y Y Y Y
	1653 W Congress Pkwy		'1	12 13 2006
	City	State	Zip Code	Transaction ID: 25154088
	Chicago	<u> </u>	60612-3833	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupation	2	_
	Midwest Orthopaedics at	Occupation	edic Surgeon	
	Rush Receipt For:		Year-to-Date V	-
	Primary General	Aggregate	Flear-to-Date V	1
	Other (specify) ▼	0 0	1000.00	
_	Full Name (Last, First, Middle Initial)			Date of Decel 1
C.	Dr. Harrison A Latimer, , MD			Date of Receipt
	Mailing Address 217 Rebel Rd			12 12 2006
	City	State	Zip Code	Transaction ID: 25154089
	Salisbury	NC	28144-2802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	1	┪
	Stanley Regional Medical Center		edic Surgeon	
	Receipt For:		Year-to-Date ▼	7
	Primary General		050.00	1
	Other (specify)		250.00	
_	IIDTOTAL of Dogainte This David (collect)			1500.00
\vdash	UBTOTAL of Receipts This Page (optional)		······	
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SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 50
ITI	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or f	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
	Full Name (Last, First, Middle Initial) Dr. David C Baker, , MD			Date of Receipt
	Mailing Address 19 Brookwood Ave Ste 1			12 / 12 / 2006
	Carliela	State	Zip Code	Transaction ID: 25154092
	Carlisle	PA	17013-9142	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Jack T Sproul, , MD			Date of Receipt
	Mailing Address 135 N Main St			12 12 2006
	City	State	Zip Code	Transaction ID: 25154094
	Cortland	NY	13045-1256	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		750.00
	Name of Employer Self Employed	Occupation		
		•	edic Surgeon	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify) ▼		750.00	
	Full Name (Last, First, Middle Initial) Dr. Paul A Beck, , MD			Date of Receipt
	Mailing Address 725 W LaVeta Ave Ste 2	60		12 12 2006
	City	State	Zip Code	Transaction ID: 25154095
	Orange	CA	92868-4439	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	7
	Primary ☐ General Other (specify) ▼		250.00	
SI	JBTOTAL of Receipts This Page (optional)			1250.00
T	OTAL This Period (last page this line number on	ly))	

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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 25 / 50
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)
11	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	r not be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ons
A.	Full Name (Last, First, Middle Initial) Dr. Enyi Okereke, , MD			Date of Receipt
	Mailing Address Univ of Pennsylvania Dept of Ortho			12 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25154096
	<u>Philadelphia</u>	PA	19104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Hospital of the Univ. of	Occupation	n dic Surgeon	
	Pennsylvania Receipt For:		Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Edward John Mikol, , MD			Date of Receipt
	Mailing Address 1153 Blackheath Ct			12 12 2006
	City	State	Zip Code	Transaction ID: 25154097
	Myrtle Beach	SC	29575-5820	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupation	1	7
	Carolina Orthopaedic Specialists		dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	, ,	1000.00	
	Curici (specify)	0 0	0 0 0 0 0 0 0	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Vincent G Desiderio, . MD			Date of Receipt
	Mailing Address 3301 New Mexico Ave S	te 248		12 12 2006
	City	State	Zip Code	Transaction ID: 25154098
	Washington	DC	20016-3610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	n dic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		250.00	1
Г				
s	UBTOTAL of Receipts This Page (optional)		······	1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the America	an Associa	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. John Ho Pak, , MD			Date of Receipt
	Mailing Address Front Range Orthopaedic Printers Park Medical Pla			12 12 2006
	City	State	Zip Code	Transaction ID: 25154099
	Colorado Springs FEC ID number of contributing federal political committee.	CO	80910	Amount of Each Receipt this Period 500.00
	Name of Employer Front Range Orthopaedics Receipt For:		dic Surgeon Year-to-Date ▼	
	Primary General Other (specify) ▼	33 13 11	500.00	
3.	Full Name (Last, First, Middle Initial) Dr. Randolph Hill Taylor, , MD			Date of Receipt
-	Mailing Address PO Box 2898			12 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25154101
	Monroe FEC ID number of contributing federal political committee.	C	71207-2898	Amount of Each Receipt this Period 1000.00
	Name of Employer Self Employed	Occupation Orthopae	n dic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
D .	Full Name (Last, First, Middle Initial) Dr. Paul Wilkinson McDonough, , MD			Date of Receipt
	Mailing Address 2433 Whispering Oaks C	t		1 2 1 2 2 0 0 6
	City	State	Zip Code	Transaction ID: 25154102
	Abilene	TX	79606-4366	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Orthopaedic Associates	Occupation Orthopae	n dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		750.00	
s	UBTOTAL of Receipts This Page (optional)			2250.00
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SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 27 / 50
	EMIZED RECEIPTS		or each category of the	(check only one)
•	LIVIIZED NECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
Λ	winfown ation coming from such Dansate and Cha			13 14 15 16 17
or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Michael A Thorpe, , MD			Date of Receipt
	Mailing Address 2979 Squalicum Pkwy S			12 / 12 / 2006
	City	State	Zip Code	Transaction ID: 25154103
	Bellingham	WA	98225-1813	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr. Bernard Andrew Pfeifer, , MD			Date of Receipt
	Mailing Address Lahey Clinic			M M / D D / Y Y Y Y
	41 Mall Rd			12 12 2006
	City	State	Zip Code	Transaction ID: 25154104
	Burlington	MA	01805-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Lahey Clinic	Occupation		
	Receipt For:	•	edic Surgeon • Year-to-Date ▼	_
	Primary General	Aggregate	: Teal-10-Date V	1
	Other (specify) ▼		500.00	
). D.	Full Name (Last, First, Middle Initial) Dr. Martin Charles Skie, , MD			Date of Receipt
	Mailing Address Orthopaedic Surgeon 3065 Arlington Ave			12 / 12 / 2006
	City	State	Zip Code	Transaction ID: 25154105
	Toledo	OH	43614-5807	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For:		Year-to-Date V	_
	Primary General	00 0		1
	Other (specify) ▼		500.00	
SI	UBTOTAL of Receipts This Page (optional)			1500.00
т	OTAL This Period (last page this line number on	lv)		

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Animesh Agarwal, , MD Mailing Address Univ TX HIth Sci Ctr at S 7703 Floyd Curl Dr, MC7			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City San Antonio	State TX	Zip Code	Transaction ID: 25154106
	San Antonio FEC ID number of contributing federal political committee.	C	78229-3901	Amount of Each Receipt this Period 500.00
	Name of Employer University of Texas Receipt For: Primary General Other (specify) ▼		edic Surgeon e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Dr. David Farrington Pope, , MD Mailing Address 224 Pecan Park Ave			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25154108
	Alexandria FEC ID number of contributing federal political committee.	C	71303-3308	Amount of Each Receipt this Period 500.00
	Name of Employer Ortho & Sports Medcine Specialists Receipt For: Primary General Other (specify) ▼		edic Surgeon Pear-to-Date 500.00	
D .	Full Name (Last, First, Middle Initial) Dr. Gunnar B J Andersson, , MD			Date of Receipt
Mailing Address Rush University Med Ctr 1653 W Congress Pkwy, Jelke 14 City State			Zip Code	1 2 2 8 2 0 0 6 Transaction ID: 25190087
	Chicago	IL	60612-3833	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Midwest Orthopaedics at Rush Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		edic Surgeon e Year-to-Date ▼	
S	UBTOTAL of Receipts This Page (optional)	2000.00		
T	OTAL This Period (last page this line number on	v)		

SCHEDULE A (FEC Form 3X)			Llos concrete cobodulo(a)	FOR LINE NUMBER: PAGE 29 / 50
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the America	can Assoc	iation of Orthopaedic Surge	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Ronald W Stitt, Jr, MD			Date of Receipt
	Mailing Address 3984 W 101 Terr			12 28 7 2006
	City	State	Zip Code	Transaction ID: 25190088
	Overland Park	KS	66207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Encompass Medical Group	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify)		1000.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Jeffrey W Parker, , MD			Date of Receipt
	Mailing Address 1601 E Broadway Ste 30	00		12 28 2006
	City	State	Zip Code	Transaction ID: 25190090
	Columbia	MO	65201-8022	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Jeffrey M Schwartz, , MD			Date of Receipt
	Mailing Address 73 E 71st St			12 28 2006
	City	State	Zip Code	Transaction ID: 25190091
	New York	NY	10021-4213	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio	n edic Surgeon	
	Receipt For:	<u> </u>	e Year-to-Date V	\dashv
	Primary General	, iggi egale	7 10d 10 Dato ¥	1
	Other (specify)		500.00	
\ 8	UBTOTAL of Receipts This Page (optional)			2000.00
1 7				

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 50 (check only one) X
Ar or	y information copied from such Reports and State for commercial purposes, other than using the nar	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
Α.	Self Employed		Zip Code 48706-8820 n edic Surgeon e Year-to-Date ▼	Date of Receipt M M A 28 2006 Transaction ID: 25190093 Amount of Each Receipt this Period 500.00
	Primary General Other (specify) ▼	7 iggi ogulo	500.00	
3.	Colf Employed 1	State FL C Occupation Orthopae	Zip Code 33765-1453 n edic Surgeon e Year-to-Date ▼ 500.00	Date of Receipt M M
C.	Self Employed 1		Zip Code 59901-3164 n edic Surgeon Year-to-Date ▼	Date of Receipt M M / 28
s	UBTOTAL of Receipts This Page (optional)	1250.00		
T	OTAL This Period (last page this line number only	v)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 50 (check only one) X 11a 11b 11c 12
۸۰	ny information copied from such Reports and State	amonto mov		13 14 15 16 17
or	for commercial purposes, other than using the na	me and add	rnot be sold or used by any perso lress of any political committee to	solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Steven C Thomas, , MD			Date of Receipt
	Mailing Address 9499 W Charleston Ste 2	200		12 28 2006
	City	State	Zip Code	Transaction ID: 25190097
	Las Vegas	NV	89117-7147	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed		dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. Joseph A Suarez, , MD			Date of Receipt
	Mailing Address 3311 Hylan Blvd			12 28 2006
	City	State	Zip Code	Transaction ID: 25190098
	Staten Island	NY	10306-3688	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopae	dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
).	Full Name (Last, First, Middle Initial) Dr. Walid H Azzo, , MD, PhD			Date of Receipt
	Mailing Address 512 Cherry St			12 28 2006
	City	State	Zip Code	Transaction ID: 25190099
	Bluefield	WV	24701-3341	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Orthopae	n dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			1750.00
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 32/50	
			Use separate schedule(s) or each category of the	(check only one)	
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
			Detailed Guillinary Fage	13 14 15 16 1	7
An	y information copied from such Reports and State	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions	
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.	
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
\rangle	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns	
	Full Name (Last, First, Middle Initial)				
۹.	Dr. George R Tanner, , MD			Date of Receipt	
	Mailing Address 3200 Westhill Dr Ste 201			M M / D D / Y Y Y Y	
				12 28 2006	
	City	State	Zip Code	Transaction ID: 25190100	
	Wausau	WI	54401-4707	Amount of Each Receipt this Period	
	FEC ID number of contributing			250.00	1
	federal political committee.	C		250.00	
	Name of Employer OAW	Occupation	า	7	
	OAW	Orthopae	edic Surgeon		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	1 1	050.00		
	Other (specify)		250.00		
_	Full Name (Last, First, Middle Initial)			D. (D.)	
3.	Dr. Thomas F Stark, , MD			Date of Receipt	
	Mailing Address 4301 Hoyt Ave			12 28 2006	
	City	State	Zip Code		
	_ '		•	Transaction ID: 25190101	
	Everett	WA	98203-2316	Amount of Each Receipt this Period	-
	FEC ID number of contributing	C		500.00	Н
	federal political committee.				J.
	Name of Employer Western Washington Medical	Occupation	า	7	
	Group Washington Medical	Orthopae	edic Surgeon		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500,00		
	Other (specify)		500.00		
_	Full Name (Last, First, Middle Initial)				
j.	Dr. Gregory J Fahrenbach, , MD			Date of Receipt	
	Mailing Address 7447 W Talcott Ave Ste 5	500		12 28 2006	
	City	State	Zip Code		
	<u>Chicago</u>	State	•	Transaction ID: 25190103	
		IL.	60631-3716	Amount of Each Receipt this Period	1
	FEC ID number of contributing federal political committee.	C		500.00	Н
	rederai politicai committee.				ı,
Name of Employer Occupa		Occupation	า	7	
	Self Employed	Orthopae	edic Surgeon		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		500.00		
	Other (specify)		500.00		
				1000 20	1
s	UBTOTAL of Receipts This Page (optional)			1250.00	
					1
T	OTAL This Period (last page this line number onl	y)	>		1

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 50
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Political Action Committee of the America	can Associ	ation of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) Dr. Bert McKinnon, , MD			Date of Receipt
Mailing Address 77 W Forest Ste 301			12 28 2006
City	State	Zip Code	Transaction ID: 25190104
<u>Flagstaff</u>	AZ	86001-1483	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Flagstaff Bone and Joint	Occupation	n edic Surgeon	
Receipt For:		Year-to-Date ▼	_
Primary General			1
Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Dr. Leonard Sheldon Bodell, , MD			Date of Receipt
Mailing Address 144 W Palm Ln	12 28 2006		
City	State	Zip Code	Transaction ID: 25190105
Phoenix	AZ	85003-1180	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation		
		edic Surgeon	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
Other (specify)		250.00	
Full Name (Last, First, Middle Initial) Dr. William C Kim, , MD			Date of Receipt
Mailing Address 4201 Torrance Blvd Ste	190		M M / D D / Y Y Y Y
	- -		12 28 2006
City	State	Zip Code	Transaction ID: 25190106
Torrance	CA	90503-4539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Self Employed	Occupation		7
		edic Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	. [
Primary General Other (specify)		500.00	
Cities (Specify)	0 0		
SUBTOTAL of Receipts This Page (optional)			1250.00
TOTAL This Period (last page this line number of	alv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 34/50
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Stator for commercial purposes, other than using the na	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)			
Political Action Committee of the America	can Associ	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Jeffrey Glenn Hessing, , MD			Date of Receipt
Mailing Address 7911 W Innsbrook Ct			12 28 7 2006
City	State	Zip Code	Transaction ID: 25190108
Boise	ID	83704-4487	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For:		e Year-to-Date ▼	7
Primary General Other (specify) ▼	0 0	2000.00	
Full Name (Last, First, Middle Initial) 3. Dr. James W Renne, , MD			Date of Receipt
Mailing Address 421 Chestnut St	12 28 7 2006		
City	State	Zip Code	Transaction ID: 25190110
Evansville	IN	47713-1297	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Wellhorn Clinic	Occupation		
Receipt For:		edic Surgeon e Year-to-Date ▼	4
Primary General	7 tggi ogate		1
Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Dr. Curt D Miller, , MD			Date of Receipt
Mailing Address 2004 Sproul Rd 1st Fl			12 28 2006
City	State	Zip Code	Transaction ID: 25190111
Broomall	PA	19008-3511	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Surgical Orthopaedic Asso-	Occupation		
ciates Receipt For:	·	edic Surgeon e Year-to-Date ▼	\dashv
Primary General	Aggregate		1
Other (specify) ▼		1000.00	
SUBTOTAL of Receipts This Page (optional)	2250.00		
TOTAL This Period (last page this line number or	nly)		

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 50
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	vinformation copied from such Reports and State	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or f	or commercial purposes, other than using the nar	me and add	Iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
/	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
	Full Name (Last, First, Middle Initial) Dr. Serena Young-Nguyen, , MD			Date of Receipt
	Mailing Address 27990 Palos Verdes Dr E	ast		M M / D D / Y Y Y Y
	City	State	Zip Code	12 28 2006
	Rancho Palos Verde	CA	90275-5153	Transaction ID: 25190112 Amount of Each Receipt this Period
			30273 3133	
	FEC ID number of contributing federal political committee.	C		500.00
	Self Employed	Occupation		7
	Receipt For:		dic Surgeon Year-to-Date ▼	-
	Primary General	Aggregate	rear-to-Date ▼	
	Other (specify)		500.00	
_				
	Full Name (Last, First, Middle Initial) Dr. Richard Edward Loyer, , MD			Date of Receipt
	Mailing Address 1211 W Main St	12 28 7 2006		
	City	State	Zip Code	Transaction ID: 25190113
	Waterbury	CT	06708-3106	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	C		230.00
Name of Employer Occupation Self Employed Octhorous		Occupation	1	1
Self Employed Orthopac		•	dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	250.00	
	Other (specify)		0 0 0 0 0 0 0	
_	Full Name (Last, First, Middle Initial)			Date of Receipt
	Dr. Michael Swany, , MD Mailing Address 140 Trotters Ridge			M M M / D D / Y Y Y Y
	3 - 3 - 140 Hotters Hage			12 28 2006
	City	State	Zip Code	Transaction ID: 25190114
	<u>Fayetteville</u>	GA	30215-6537	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation	1	┪
	Self Employed		dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		' '	500.00	
	Other (specify)		000.00	
				1050.00
SI	JBTOTAL of Receipts This Page (optional)		<u>-</u>	1250.00
T	OTAL This Period (last page this line number only	v)		

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 36 / 50
•			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Stator commercial purposes, other than using the national states.	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or		ame and add	aress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the America	can Associ	ation of Orthopaedic Surgeo	ns
_	Full Name (Last, First, Middle Initial)			Data of Bassist
Α.	Dr. R Kumar Kadiyala, , MD, PhD			Date of Receipt
	Mailing Address Mt Sinai Med Ctr 4302 Alton Rd Ste 710			12 28 2006
	City	State	Zip Code	Transaction ID: 25190115
	Miami Beach	FL	33140-2877	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		1000.00
	Name of Employer Mt. Sinai	Occupation	1	
	Mt. Sinai		edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	
	Other (specify) ▼	0 0	1000.00	
_	Full Name (Last, First, Middle Initial)			Polari Paralis
В.				Date of Receipt
	Mailing Address 35 Pearl St Ste 101			12 28 2006
	City	State	Zip Code	Transaction ID: 25190116
	New Britain	CT	06051-2645	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			300.00
	Name of Employer	Occupation	ı	7
	Self Employed	Orthopae	edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	500.00	
	Other (specify)	0 0	300.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Jonathan L Cohen, MD	0604		Date of Receipt
	Mailing Address 609 E Orangeburg Ave S	Ste 201A		12 28 2006
	City	State	Zip Code	Transaction ID: 25190118
	Modesto	CA	95350-5580	Amount of Each Receipt this Period
	FEC ID number of contributing	<u> </u>		1000.00
	federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation		
			edic Surgeon	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	.]
	Other (specify)		1000.00	
	Carioi (opcony) 🔻		0 0 0 0 0 0 0	
	UBTOTAL of Receipts This Page (optional)			2500.00
\vdash	ago (optional)			

0	CHEDIII E A /EEC Earm 2V)			FOR LINE NUMBER: PAGE 37 / 50
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and Sta	atements may	y not be sold or used by any perso	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Donald Donavon Berg, , MD			Date of Receipt
	Mailing Address 1005 Pennsylvania Ste	212		12 28 2006
	City	State	Zip Code	Transaction ID: 25190119
	Ottumwa	IA	52501-6414	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	7
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	7
	Other (specify)	0 0	1000.00	
— В	Full Name (Last, First, Middle Initial) Dr. David J Kuester, , MD			Date of Receipt
٥.	Mailing Address 501 N 10th St			M M / D D / Y Y Y Y
	PO Box 907			12 28 2006
	City	State	Zip Code	Transaction ID: 25190120
	Manitowoc	WI	54220-4039	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		300.00
	Name of Employer	Occupation	<u> </u>	\dashv
	Name of Employer Orthopaedic Associates		dic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General			7
	Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr. Thomas Farrell Calton, , MD			Date of Receipt
٥.	Mailing Address 4403 Harrison Blvd Ste	2400		M M / D D / Y Y Y Y
	4400 Harrison Biva Oto	2400		12 28 2006
	City	State	Zip Code	Transaction ID: 25190121
	Ogden	UT	84403-3297	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupation	1	7
	McKay D Hospital Medical Group	Orthopae	edic Surgeon	
	Receipt For:	-	Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify)	0 0	1000.00	J
_				
				2500.00
S	UBTOTAL of Receipts This Page (optional)			2500.00
				-

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 50 (check only one) X
Ar or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
A.	Full Name (Last, First, Middle Initial) Dr. Bruce Wolock, , MD Mailing Address 8564 Leisure Hill Dr City Baltimore FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 21208-1740 n edic Surgeon e Year-to-Date ▼	Date of Receipt M M M / 28 / 2006 Transaction ID: 25190123 Amount of Each Receipt this Period 250.00
3.	Full Name (Last, First, Middle Initial) Dr. James A Hill, , MD Mailing Address Northwestern Medical Factoria Ste 17-100 City	culty Four	Zip Code	Date of Receipt 1 2 8 2 0 0 6 Transaction ID: 25190124
	Chicago FEC ID number of contributing federal political committee. Name of Employer Northwestern Medical Faculty Foundatio Receipt For: Primary General		edic Surgeon e Year-to-Date ▼	Amount of Each Receipt this Period 500.00
	Other (specify) ▼ Full Name (Last, First, Middle Initial)		500.00	
).	Dr. A Bruce Reid, , MD Mailing Address 806 Maple Dr City	State	Zip Code	Date of Receipt 1 2 2 8 2 0 0 6 Transaction ID: 25190126
	Griffin FEC ID number of contributing federal political committee.	GA C	30224-4919	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		edic Surgeon e Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00
T	OTAL This Period (last page this line number onl	v)		

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the American	can Associ	ation of Orthopaedic Surgeo	ns
Α.	Full Name (Last, First, Middle Initial) Dr. Daniel C Wascher, , MD Mailing Address Univ of New Mexico Dept of Orthopaedics City Albuquerque FEC ID number of contributing federal political committee. Name of Employer University of New Mexico		Zip Code 87131-0001 n edic Surgeon e Year-to-Date ▼	Date of Receipt M M M
	Receipt For: Primary General Other (specify)	Aggregate	1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. Andrew J Vicar, , MD Mailing Address 1801 N Senate Blvd City Indianapolis FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 46202-1228 n edic Surgeon e Year-to-Date ▼	Date of Receipt M M
)	Full Name (Last, First, Middle Initial) Dr. Timothy W Woods, , MD Mailing Address Orthopaedic Clinic 53 Poplar St City Blackfoot FEC ID number of contributing federal political committee. Name of Employer Bingham Memorial Hospital Receipt For: Primary General Other (specify)		Zip Code 83221-1737 In edic Surgeon e Year-to-Date ▼	Date of Receipt M M
SI	UBTOTAL of Receipts This Page (optional)		·····•	2000.00
т	OTAL This Period (last page this line number or	nlv)	_	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 40 / 50
TEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or f	y information copied from such Reports and State or commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		7 p	
\rangle	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
	Full Name (Last, First, Middle Initial) Dr. William D Henceroth, II, MD			Date of Receipt
	Mailing Address 4615 King William Rd			12 28 7 2006
	City	State	Zip Code	Transaction ID: 25190132
	Richmond	VA	23225-3247	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Orthopedics Specialists LLC	Occupation Orthopae	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. David Arthur Detrisac, , MD			Date of Receipt
	Mailing Address East Lansing Ortho Assn 3394 E Jolly Rd Ste A	l		12 28 2006
	City	State	Zip Code	Transaction ID: 25190133
	Lansing	MI	48910-8595	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr. James R Santangelo, , MD			Date of Receipt
	Mailing Address 355 Edinburgh Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25190135
	<u>Fayetteville</u>	NC	28303-5115	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer U.S. Government	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
sı	JBTOTAL of Receipts This Page (optional)			1250.00
	. 5 (1 /			
T	OTAL This Period (last page this line number onl	ly)		

S	CHEDULE A (FEC Form 3X)		Harana and a shark late (s)	FOR LINE NUMBER: PAGE 41 / 50
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
<u></u>	NAME OF COMMITTEE (In Full)			
$ \rangle$	Political Action Committee of the Americ	an Associ	ation of Orthonaedic Surgeo	nne
	Tollida Action Committee of the America	an 7.55001	ation of Orthopacale Cargee	110
_	Full Name (Last, First, Middle Initial)			
A.	Dr. Charles Phillip Dahl, , MD			Date of Receipt
	Mailing Address 310 N 9th St			12 28 2006
	PO Box 1397 City	State	Zip Code	
	Bismarck	ND	58501-4508	Transaction ID: 25190136
		IND	30301-4300	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Bone & Joint Center	Occupation		
			dic Surgeon	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify)		250.00	
	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 2408 Whitney Ave			12 28 2006
	City	State	Zip Code	Transaction ID: 25190137
	Hamden	CT	06518-3209	Amount of Each Receipt this Period
	FEC ID number of contributing		00010 0200	
	federal political committee.	C		250.00
	V (5.1	0 "		
	Name of Employer Connecticut Orthopaedic	Occupation	n dic Surgeon	
	Specialists Receipt For:	•	Year-to-Date V	
	Primary General	Aggregate	Total to Date V	1
	Other (specify)	l	250.00	
_	Full Name (Last, First, Middle Initial)			Data of Danalist
C.	Dr. William H Milnor, Jr, MD Mailing Address 4100 International Pkwy	01- 1010		Date of Receipt
	Mailing Address 4100 International Pkwy	Sie 1010		12 28 2006
	City	State	Zip Code	Transaction ID: 25190138
	Carrollton	TX	75007-1972	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer	Occupation	1	_
	Name of Employer Self Employed		dic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00	
_				
١.				750.00
Ls	UBTOTAL of Receipts This Page (optional)		·····	700.00
1				

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 42 / 50	
	·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or		ame and add	iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the American	can Associ	ation of Orthopaedic Surgeo	ns
Α.	Full Name (Last, First, Middle Initial) Dr. Norman B Livermore, III, MD			Date of Receipt
Λ.	Mailing Address 120 La Casa Via Ste 20			M M / D D / Y Y Y Y
	120 La Gasa via Gle 20	O		12 28 2006
	City	State	Zip Code	Transaction ID: 25190140
	Walnut Creek	CA	94598-3007	Amount of Each Receipt this Period
	FEC ID number of contributing			750.00
	federal political committee.	C		750.00
	Name of Employer Self Employed	Occupation		7
			dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	750.00	
	Other (specify)	0 0		
В.	Full Name (Last, First, Middle Initial)			Data of Bassint
Ь.	Dr. William D Fritz, , MD Mailing Address 181 Park Ave			Date of Receipt
	Mailing Address 181 Park Ave			12 28 2006
	City	State	Zip Code	Transaction ID: 25190141
	<u>Franklin</u>	PA	16323-2663	Amount of Each Receipt this Period
	FEC ID number of contributing	C		500.00
	federal political committee.			33333
	Name of Employer	Occupation	ı	7
	Self Employed	Orthopae	edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	500.00	
	Other (specify)	0 0	300.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr. James D Brodell, , MD			Date of Receipt
	Mailing Address 2614 E Market St			12 28 2006
	City	State	Zip Code	Transaction ID: 25190143
	Warren	OH	44483-6258	Amount of Each Receipt this Period
	FEC ID number of contributing	C		100.00
	federal political committee.			100.00
	Name of Employer Self Employed	Occupation		
			edic Surgeon	4
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)	' '	300.00	
	☐ Ottlei (specily) ▼			
١	JBTOTAL of Receipts This Page (optional)			1350.00
\vdash	DE TAL OF HOOGIPTO THIS LAGO (Optional)			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 43/50
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stat	tements may r	not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the na	ame and addre	ess of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Political Action Committee of the Americ	can Associa	tion of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) 1. Dr. Thomas J Grogan, , MD			Date of Receipt
Mailing Address 2001 Santa Monica Blvd	Ste 1160W	1	M M / D D / Y Y Y Y
O.H	Otata	7in Ondo	12 28 2006
City Santa Monica	State CA	Zip Code 90404-2102	Transaction ID: 25190144
		90404-2102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation	E- O	7
Receipt For:		lic Surgeon Year-to-Date ▼	_
Primary General	Aggregate	Teal-10-Date V	
Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) 3. Dr. David S Weisman, , MD			Date of Receipt
Mailing Address 585 Cranbury Rd			M M / D D / Y Y Y Y
City	State	Zip Code	12 28 2006
East Brunswick	NJ	08816-4026	Transaction ID: 25190145 Amount of Each Receipt this Period
FEC ID number of contributing		00010 4020	
federal political committee.	C		1000.00
Name of Employer Pediatric Orthopedic Asso-	Occupation		
ciates		lic Surgeon	
Receipt For: Primary General	Aggregate Y	Year-to-Date ▼	
Other (specify)		1000.00	
Full Name (Last, First, Middle Initial) Dr. Thomas E Brown, , MD			Date of Receipt
Mailing Address Univ of Virginia Affl Hosp	os		M M / D D / Y Y Y Y
Dept of Orthopaedics			12 28 2006
Charletteaville	State	Zip Code	Transaction ID: 25190146
Charlottesville	VA	22903-2980	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer University of Virginia	Occupation		7
Оттюра		lic Surgeon	
Receipt For: Primary General	Aggregate \	Year-to-Date ▼	
Other (specify)		250.00	
SUBTOTAL of Receipts This Page (optional)		·····	1500.00
TOTAL This Period (last nage this line number on	dv)		

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 44 / 50
		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
		, ,	13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Political Action Committee of the Amer	ican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Ralph T Salvagno, , MD			Date of Receipt
Mailing Address 11110 Medical Campus	Rd Ste 10	3	12 28 2006
City	State	Zip Code	Transaction ID: 25190147
<u>Hagerstown</u>	MD	21742-6711	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Center for Joint Surgery	Occupation	n edic Surgeon	
Receipt For:		e Year-to-Date ▼	
Primary General		1000.00	1
Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) 3. Dr. Emile C Li, , MD			Date of Receipt
Mailing Address 1988 Luke Ln			12 28 7 2006
City	State	Zip Code	Transaction ID: 25190148
Fort Dodge	<u>IA</u>	50501-8730	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Orthopaedics and Sports	Occupation		
<u>Med</u>	<u> </u>	edic Surgeon	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		750.00	
Full Name (Last, First, Middle Initial) Dr. Leon S Benson, , MD			Date of Receipt
Mailing Address 2401 Ravine Way Ste 2	200		12 28 2006
City	State	Zip Code	Transaction ID: 25190149
Glenview	IL	60025-7645	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Illinois Bone & Joint Ins-	Occupation	n edic Surgeon	
titute Receipt For:		e Year-to-Date ▼	_
Primary General	111	1000.00	1
Other (specify) ▼	0 0	1000.00	
SUBTOTAL of Receipts This Page (optional)			2500.00
TOTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 45 / 50
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ns
^	Full Name (Last, First, Middle Initial) Dr. Eugene Paul Schoch, III, MD			Date of Receipt
Α.	Mailing Address 5656 Bee Caves Rd Ste	F200		M M / D D / Y Y Y Y
	Oth.	Ctata	7ia Cada	12 28 2006
	City Austin	State TX	Zip Code 78746-5236	Transaction ID: 25190150 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.100	250.00
	Name of Employer Texas Bone and Joint Inst-	Occupation		1
	itute		edic Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		250.00	
— В	Full Name (Last, First, Middle Initial)			Date of Descript
Б.	Dr. Craig C Newland, , MD Mailing Address 2521 Glenn Hendren Dr	Ste 204		Date of Receipt
				12 28 2006
	City	State	Zip Code	Transaction ID: 25190151
	Liberty FEC ID number of contributing	MO	64068-3388	Amount of Each Receipt this Period
	federal political committee.	C		1000.00
	Name of Employer Liberty Orthopedics	Occupation	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General		1000.00	
	Other (specify) 🔻	0 0	1000.00	
C.	Full Name (Last, First, Middle Initial) Dr. Ajoy K Jana, , MD			Date of Receipt
	Mailing Address 15902 Patrick Ave			12 28 2006
	City	State	Zip Code	Transaction ID: 25190152
	Omaha	NE	68116-2430	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Physicians Clinic Sports	Occupation		
	Méd Center Receipt For:		edic Surgeon • Year-to-Date ▼	\dashv
	Primary General	99. ogaic		
	Other (specify) ▼		1000.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 46 / 50
TEMIZED RECEIPTS		or each category of the	(check only one)
TI LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
A			13 14 15 16 17
Any information copied from such Reports and Stat or for commercial purposes, other than using the na	tements may ame and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		7, 111111111111111111111111111111111111	
Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ns
/		and the control parameter good	
Full Name (Last, First, Middle Initial)			
Dr. Albert E Sanders, , MD			Date of Receipt
Mailing Address Univ TX HIth Sci Ctr at S 7703 Floyd Curl Dr MC 7			12 28 2006
City	State	Zip Code	Transaction ID: 25190153
San Antonio	TX	78229-3901	Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	C		300.00
Name of Employer	l Ossunstia	•	_
Name of Employer UTHSC-SA, Dept of Orthopa-	Occupation Orthopae	n edic Surgeon	
edics Receipt For:	<u> </u>	e Year-to-Date ▼	-
Primary General	1.99.19		1
Other (specify) ▼		300.00	
			·
Full Name (Last, First, Middle Initial)			1 5. 75
Dr. Courtland G Lewis, , MD			Date of Receipt
Mailing Address Ortho Assoc of Hartford 85 Seymour St Ste 607			12 28 2006
City	State	Zip Code	Transaction ID: 25190164
Hartford	CT	06106-5525	Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	С		500.00
Name of Employer	Occupation	n	4
Name of Employer Ortho Associates of Hartf-		edic Surgeon	
ord Receipt For:		e Year-to-Date ▼	
Primary General		700.00	1
Other (specify)		700.00	
Full Name (Last, First, Middle Initial) Dr. Alan Marc Levine, , MD			Date of Receipt
Mailing Address Director, Cancer Institute	<u> </u>		M M / D D / Y Y Y Y
Sinai Hospital			12 28 2006
City	State	Zip Code	Transaction ID: 25190165
Baltimore	MD	21215	Amount of Each Receipt this Period
FEC ID number of contributing	С		250.00
federal political committee.	<u> </u>		
Name of Employer	Occupation	n	7
Sinai Hospital	Orthopae	edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		250.00	
Other (specify)		200.00	
SUPTOTAL of Possints This Page (anticest)			1050.00
SUBTOTAL of Receipts This Page (optional)		·······	
TOTAL This Period (last page this line number on	nly))	

SCHEDULE A (FEC Form 3X)

Other (specify)

PAGE 47/50 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons Full Name (Last, First, Middle Initial) A. Dr. David Teuscher, , MD Date of Receipt Mailing Address 3650 Laurel Ave 12 28 2006 City State Zip Code Transaction ID: 25190166 Beaumont TX 77707-2216 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Delwin E Quenzer, , MD Date of Receipt Mailing Address 5604 Glen Oaks Pointe 28 2006 City Zip Code State Transaction ID: 25190167 West Des Moines IΑ 50266 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Des Moines Orthopaedic Su-rgeons,PC Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00

		750.00
SUBTOTAL of Receipts This Page (optional)		730.00
TOTAL This Period (last page this line number only)	•	69200.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 48 / 50 (check only one)
IT	EMIZED RECEIPTS		Detailed Summary Page	11a 11b 11c 12 13 14 X 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons			Date of Receipt
	Mailing Address 6300 N River Road			12 22 2006
	City	State	Zip Code	Transaction ID: 25170861
	Rosemont	IL	60018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		764.65
	Name of Employer	Occupation	1	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	15708.15	Reimburse bank fees from affiliated organization
3.	Full Name (Last, First, Middle Initial) The White House Writers Group			Date of Receipt
	Mailing Address 1030 15th Street, NW 11th Floor			12 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25320317
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		34169.51
	Name of Employer	Occupation	1	
	Receipt For:	Aggregate	e Year-to-Date ▼	1
	Primary General Other (specify) ▼		34169.51	Refund from Independent Expenditure Oct 2006

SUBTOTAL of Receipts This Page (optional)	•	34934.16
TOTAL This Period (last page this line number only)	<u>,</u>	34934.16

SCHEDULE B (FEC Form 3X)

SCILDOLL B (I LCI OIII 3X)	Use seperate schedule(s)			NE NUMBER: PAGE 49 / 50 only one)					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 211		22 [28a [23 28b	24 28c	25	_	26 30b
Any Information copied from such Reports and Stater									_
or for commercial purposes, other than using the name	e and address of any political co	ommittee t	o solic	it contric	outions tr	om sucn	committ	ee ———	
NAME OF COMMITTEE (In Full) Political Action Committee of the America	n Association of Orthopaec	dic Surge	ons						
Full Name (Last, First, Middle Initial)				Transa	ction ID:	: 250866	687		
Northern Trust Company					Disburs			V ° V	
Mailing Address 50 S. LaSalle St.				1 1	¹ 2	28	žo	ó́6 °	
City	State Zip Code			Amoun	t of Each	Disburse	ement th	is Per	iod
Chicago Purpose of Disbursement	IL 60675						39	4.86	
Bank fees deducted from account		001							
Candidate Name		Category/ Type							
Senate President	ement For: Primary General Other (specify)			Bank fo accour	ees ded nt	ucted fr	om		
State: District:									
Full Name (Last, First, Middle Initial) Northern Trust Company				Date of	ction ID: Disburs	ement			
Mailing Address 50 S. LaSalle St.				1 ^M 2 M	/ DC	06	ž 0	ó́6 Ť	
City Chicago	State Zip Code IL 60675			Amoun	t of Each	Disburs			iod
Purpose of Disbursement	ī		7				36	9.79	
Bank fees deducted from account Candidate Name		001 Category/ Type							
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)	- 7,6-2		Bank fe accour	ees ded nt	ucted fr	om		
Full Name (Last, First, Middle Initial)				Transa	ction ID:	: 253213	369		
Northern Trust Company					Disburs				
Mailing Address 50 S. LaSalle St.				1 ^M 2 M	/ D2	26	ž 0	ŏ6	
City Chicago	State Zip Code IL 60675			Amoun	t of Each	Disburse	ement th	is Per	iod
Purpose of Disbursement Bank fees deducted from account	[001	1				33	30.34	
Candidate Name		Category/ Type							
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)			Bank fe accour	ees ded nt	ucted fr	om		
SUBTOTAL of Disbursements This Page (optional)			>				109	4.99	
TOTAL This Period (last page this line number only			<u>-</u> •				109	4.99	
TO THE THIS I GHOW (last page this line number only			_						

SCHEDULE B (FEC Form 3X)

SCILDOLL B (I LCI OIII 3X)	Use seperate schedule(s)	(check or	: NUMBER: lv one)	PAGE 50 / 50
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)	e and address of any political co	ommittee to s	Shelt Contributions in	Tom such committee
Political Action Committee of the America	n Association of Orthopaec	lic Surgeor	s	
Full Name (Last, First, Middle Initial)			Transaction ID	: 25096736
John Cornyn For Senate Inc			Date of Disburs	
Mailing Address 6850 Austin Centre Blvd Suite 180			12 / 0	0 6 Y 2 0 0 6 Y
City Austin	State Zip Code TX 78731		Amount of Each	n Disbursement this Period
Purpose of Disbursement	Г			2500.00
Candidate Name		011		
Mr. John Cornyn		Category/ Type		
	ement For: 2008 Primary General			
X Senate X President	Primary General Other (specify) ▼			
State: TX District: 2				
Full Name (Last, First, Middle Initial)			Transaction ID	
GLACIER PAC			Date of Disburs	
Mailing Address 818 Connecticut Ave, NV Suite 1100			12	0 6 Y 2 0 0 6 Y
City Washington	State Zip Code DC 20006		Amount of Each	n Disbursement this Period
Purpose of Disbursement				2500.00
Condidate Name		011		
Candidate Name		Category/ Type		
	ement For:			
Senate President	Primary General Other (specify) ▼			
State: District:	(-p), V			
Full Name (Last, First, Middle Initial) The National Leadership PAC			Transaction ID Date of Disburs	
Mailing Address PO Box 5577			12	06 7 2006
City New York	State Zip Code NY 10027		Amount of Each	n Disbursement this Period
Purpose of Disbursement	10027			2500.00
On Mala Name		011		
Candidate Name		Category/ Type		
	ement For:			
Senate President	Primary General Other (specify) ▼			
State: District:	(-), \			
SUBTOTAL of Disbursements This Page (optional)		>		7500.00
TOTAL This Period (last page this line number only				7500.00
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